

APPLICATION FOR VARIANCE – Effective December 9, 2004

Wastewater Systems

In accordance with Chapter 342 D Hawaii Revised Statutes
From Updated May 16, 2011

Submit one (1) original and filing fee of **\$300.00** payable to **State of Hawaii** to:

**Hawaii State Department of Health
Wastewater Branch
919 Ala Moana Blvd. Room 309
Honolulu, Hawaii 96814-4920
Ph (808)586-4294 Fax (808) 586-4300**

Attachments are allowed, but preferred in 8 ½" x 11" format (for copying purposes).

I. GENERAL INFORMATION (please print or type):

A. Applicant Name: _____
(Corporation, company, agency, firm, etc. seeking variance)

Contact person: [] Mr. [] Ms. _____

Title: _____

Mailing address: _____

(City) (Island) (Zip code)

Brief Description of Variance: _____

Plant or Equipment Location: Tax Map Key #: (_____) - ____ - ____ : _____

Divisions: 1=Oahu 2=Maui 3=Big Island 4=Kauai (Division) Zone - Sec - Plat : Parcel

(Number) (Street)

(City) (Island) (Zip code)

B. Individual authorized to act for applicant:

Agent Name: [] Mr. [] Ms. _____

Company Name or Firm: _____

Title: _____

Mailing address: _____

(City)

(Island)

(Zip code)

Phone No.: _____ Fax No.: _____

Email Address: _____

- C. Identify the specific section of Chapter 11-62 which the variance is requested. If additional space is required, please include information on a separate attachment and label "Attachment I". (Chapter 11-62 may be viewed at www.hawaii.gov/doh/ select Rules & Regulations, DOH Administrative Rules Title 11, HAR, Wastewater Branch, 62)

II. SPECIFIC INFORMATION:

- A. Describe in detail the present and/or proposed equipment and/or discharge and the present and/or proposed operating conditions of the facility in relation to the requested variance (if additional space is required, include the information on a separate attachment and label "Attachment A-1").
- B. Describe how these present or proposed conditions fail to conform with the environmental rules of the State (if additional space is required, include the information on a separate attachment and label "Attachment B-1").
- C. Describe in detail why the present or proposed equipment and/or operating conditions cannot be altered to bring such facility into compliance with the environmental rules of the State within a reasonable amount of time (if additional space is required, please include the information on a separate attachment and label "Attachment C-1").
- D. As a separate attachment ("Attachment D-1, D-2 and D-3"), supply supporting information to clearly show that:
- (1) The granting of the variance is in the public interest as defined in the Hawaii Revised Statutes, Section 342.D-6(c).
 - (2) The granting of the variance will not substantially endanger human health or safety.

- (3) Compliance with the rules or standards from which the variance is sought would produce serious hardship without equal or greater benefits to the public.

E. Specify the amount of time requested for the variance and the reasons for such a time period. Note that the Director cannot issue a variance for a period exceeding five years (if additional space is required, please include the information on a separate attachment and label ("Attachment E-1").

F. Submit any additional information which will support this application for a variance (i.e., statements, plans, area maps, histories, etc., and label "Attachment F-1").

III. CERTIFICATION:

I, _____, _____,
(print name) (print title)

certify that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

DO NOT WRITE BELOW - FOR AGENCY USE ONLY

IV. Date Application received: _____

V. Application No.: _____

VI. Docket No.: _____

VII. Received by: _____

VIII. Filing Fee (\$300.00) check date: _____ Check # _____

(\$150.00 for renewals only) check date: _____ Check # _____

IX. Department of Health Receipt #: _____

X. Decision on Application (including date): _____

XI. Date of Public Hearing: _____

INFORMATION FOR VARIANCE EVALUATION BY UIC PROGRAM

Underground Injection Control (UIC) Program, Safe Drinking Water Branch

Department of Health, State of Hawai'i

919 Ala Moana Blvd., #308, Honolulu, HI 96814

Tel. No. 808-586-4258, Fax: 808-586-4351

For Office Use

App. # WW: _____

☐ above ☐ below UIC line

Attention: This information will be used to determine your project's applicability to UIC requirements and the authorization to abandon or operate the effluent disposal system. Answer all parts accurately and completely. Inaccurate or incomplete answers may result in processing delays.

Facility address: _____ Owner: _____

Island: _____ TMK No.: _____ Lot size: _____ sq. ft.

Action related to disposal (check all applicable): ☐ abandon cesspool ☐ reuse cesspool ☐ build new cesspool

☐ reuse cesspool as seepage pit ☐ build new seepage pit ☐ reuse leachfield ☐ build new leachfield ☐ reuse injection well

☐ build new injection well ☐ other: _____

Describe the disposal structure: ☐ leachfield _____ ft. x _____ ft. x _____ ft. deep

OR

<p>h</p> <p>d</p> <p><input type="checkbox"/> cesspool <input type="checkbox"/> seepage pit, or <input type="checkbox"/> injection well</p>	<input type="checkbox"/> existing: _____	<input type="checkbox"/> new: _____
	how many: _____	_____
	grd. elev. (g) ft. _____	_____
	diameter (d) ft. _____	_____
	depth (h) ft. _____	_____
depth to standing water from surface if present: _____	_____	_____

Wastewater type (check all applicable): ☐ domestic ☐ residential ☐ non-residential ☐ runoff ☐ industrial
☐ aquaculture ☐ commercial products processing ☐ food processing ☐ animal-related ☐ swimming pool/tubs
☐ condensate ☐ aesthetics ☐ healthcare-related ☐ floor drains ☐ other: _____

Facility's wastewater flow in gallons per day: _____ Average _____ Maximum _____

Existing design: _____ Future design: _____ Actual (measured or metered): _____

Person providing this information:

☐ is the owner.

☐ is representing the owner.

Printed name: _____ Signed: _____

Title: _____ Company: _____

Address: _____

Date: _____ Phone: _____ Fax: _____
(0408)

As of 04-07-08